

VOLUNTEER RIVER ASSESSMENT PROGRAM

APPLICATION FOR PARTICIPATION



I. GENERAL INFORMATION

1A. Group Status:

- ☐ New
- ☐ Existing

1B. How many people in your group? _____

2A. Name of River/Watershed of Interest: _____

2B. Town(s)/Cities: _____

3. If interested in tributaries associated with the river, please list tributary names: _____

4. Proposed Start Date (Month) as VRAP Volunteer: _____

5. Water Quality Interest(s) (Check all that apply):

- ☐ Primary/Secondary Contact Recreation (Swimming, Boating/Paddling)
- ☐ Aquatic Life Use (Fish, Aquatic Insects)
- ☐ Aesthetics (Color, Odor)
- ☐ Other: _____

6. Other Interest(s) (Check all that apply):

- ☐ Exotic/Invasive Species
- ☐ Land Use/Development (Planning/Zoning)
- ☐ Outreach/Education
- ☐ Wetland/Riparian/In-Stream Ecology
- ☐ Other: _____

7. Do you, or one of your members, have any experience using water quality monitoring instruments?

- ☐ Yes
- ☐ No

8. Use of Data:

- ☐ Basic familiarization with water quality parameters
- ☐ Determine compliance with NH surface water quality standards* (permits use of data by DES)
- ☐ Other: _____

** Requires stringent quality assurance/ quality control while using water quality equipment*

9. Group Coordinator:

Name: _____
Street Address: _____
City/Town: _____
Phone (Day): _____ (Eve) _____
E-Mail: _____

10. Applicant (If different from Group Coordinator)

Name: _____
Street Address: _____
City/Town: _____
Phone (Day): _____ (Eve) _____
E-Mail: _____

II. SPECIFIC INFORMATION

1. Please state your overall goals and objectives for your group. *(Example: Goal: To continually measure the dissolved oxygen of the Merrimack River. Objective: To determine whether the river meets NH surface water quality standards)*

Goal(s):

1. _____
2. _____
3. _____

Objectives:

1. _____
2. _____
3. _____

2. Please state/list your desired accomplishments for the upcoming sampling season. *(Example: Collect pH from five stations along Black Brook on five separate dates.)*

1. _____
2. _____
3. _____

2. Please state your expectations from VRAP during the upcoming sampling season *(Example: Prepare one complete water quality sampling kit for 10 separate sampling dates.)*

1. _____
2. _____
3. _____

Thank you for signing up with VRAP! We look forward to working with you!

❖ Signature of Applicant: _____

❖ Date of Application: _____

Please submit application to:
Jen Drociak (VRAP Coordinator)
29 Hazen Drive – PO Box 95
Concord NH 03301
(603) 271-0699 -- jdrociak@des.state.nh.us